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Country programme recommendation**

Togo

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve, for the country programme of Togo for the period 2002-2006, the amount of $8,131,000 from general resources, subject to the availability of funds, and the amount of $4,000,000 from other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/P/L.12

** The original country note provides only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for general resources and other resources funding programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Taken from the publication "Progress since the World Summit for Children: A statistical review", supplement to the report of the Secretary-General entitled "We the Children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and possibly differing from the data contained in this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as that described in the country note presented to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.18). However, in light of the progress achieved in implementation of the rights of the child and women's rights, new developments in economic policy and the publication of the results of the multiple indicator cluster survey (MICS2), the information contained in that note can be updated to take into account the new elements.

2. Owing to the low level of tax revenue, the suspension of part of the multinational assistance since the end of 1992, and the absence of a programme with the Bretton Woods institutions, the economy is suffering from a debt-servicing burden which amounted to 15 per cent in 1999. The gross national product is $330; the annual per capita rate of growth is 1.4 per cent; and 72.5 per cent of the population is living below the poverty level. Togo is one of the countries with a low human development index (0.471) and was ranked 145th out of 174 countries in 1998.

3. Togo has ratified International Labour Organization (ILO) Convention No. 138 regarding the minimum age for access to work and No. 182 concerning the prohibition of the worst forms of child labour. A related committee has been established under the International Programme on the Elimination of Child Labour. A committee has been set up to revise and harmonize the Code of Individual Persons and the Family, and the committee for drafting reports on conventions has been reorganized. Lastly, in October 2000, the remit of the Ministry of Social Affairs and the Advancement of Women was broadened to include the protection of children.

4. United Nations agencies have launched their United Nations Development Assistance Framework (UNDAF), the strategic objective of which is to reduce poverty by 50 per cent by 2015 through consolidation of the various interventions into a coherent framework programme that would promote the creation of an environment conducive to growth, sustainable development and access to essential social services. In February 2001, the Government, in consultation with the Bretton Woods institutions and the donor community, launched a programme for the preparation of a poverty reduction strategy document with the objectives of improving the socio-economic conditions of the poor, developing the social sectors, ensuring better governance and coordinating assistance. This document will serve as the basis for Togo's eligibility for the Heavily Indebted Poor Countries Initiative, from which it was excluded in 2000 because of the socio-political situation.

Programme of cooperation, 1997-2001

5. The previous programme of cooperation comprised 5 programmes structured as 11 projects implemented at the national level and concentrated in 8 of the 30 prefectures in the three regions of intervention — Savanes, Kara and Maritime — the population of which was estimated to be 1,126,000. The aim of this programme is to improve the survival, development, protection and participation of the most disadvantaged children and women in the country.

6. The health/water/nutrition programme has focused on the reorganization of 132 outlying health units with regard to staff training, the equipment of the centres and the organization of a minimum package of health services. Essential drugs are

available at the outlying health units, most of which operate independently. A maternal health-care model has been developed by the Association in Support of Community Health Activities, with the assistance of trained traditional birth attendants who refer cases to the Tône hospital, where they are promptly and adequately taken care of by midwives and a gynaecologist. As part of the campaign against HIV/AIDS, activities with the support of Population Services International (PSI) have focused on prevention awareness. The results of MICS2 show that 77 per cent of women are aware of at least one method of HIV/AIDS prevention.

7. Vaccine independence has not been achieved in spite of the expressed desire for it. The budget line established by the Government two years ago to provide for the purchase of vaccines is still to be funded. That situation has led to vaccines being frequently out of stock. This has prompted UNICEF and the World Health Organization (WHO) to launch an appeal for the shortfall in vaccines to be made up. The development partners have responded as follows: the European Union has been financing the purchase of vaccines for two years; WHO has trained outlying health unit staff in maintaining the cold chain; and UNICEF and Rotary International have provided refrigerators and freezers to meet 60 per cent of the need.

8. In the field of sanitation, collaboration with a non-governmental organization (NGO) the Regional Centre for Low-Cost Water Supply and Sanitation has been positive. This partnership has emphasized institutional capacity-building and the creation of conditions conducive to the popularization of Sam-plat family latrines, with the help of a pilot plan which serves as a point of reference for other actors in the sector (German technical cooperation and WHO) with regard to technological options and the training of technicians and masons. Since the partnership was established in 1998, 149 of the 400 villages in the Kara, Savanes and Maritime regions have benefited from this training scheme, and 2,000 latrines have been built. The main challenge is still to change behaviour patterns regarding the use of the facilities.

9. The main advantage for the community capacity-building programme is the interest shown by the population and partners in the participatory microplanning project leading to the local instrument for development, namely the village plan of action. Village plans of action have made it possible to enhance the support and complementarity of partners regarding activities undertaken by UNICEF in the zones of intervention. Because of the quality of the existing village plans of action investment by partners other than UNICEF has steadily increased. This applies, in particular, to the World Bank in connection with the construction of day-care centres and markets, the Japan International Cooperation Agency in connection with drilling operations, the European Development Fund in connection with rural airstrips, and the Agence française de développement, associated with the Société de coopération pour le développement international (SOCDEVI), in connection with the credit agreement for mutual associations. The participatory microplanning project, based on specific groups constituted on the basis of gender parity and parity between young people and adults, has made it possible to increase the participation of women in the planning process to more than 51 per cent.

10. The synergy between the basic education for girls programme and the community capacity-building programme, through the participatory approach to the solution of problems, has enabled the population to become actively involved in drawing up by consensus village plans of action aimed at increasing the school enrolment of girls. This has been reflected not only in the large number of villages involved but above all in the volume of the social demand for education which has

resulted from information meetings, diagnostic sessions and participatory planning meetings. In the three regions, the total school population increased by 83 per cent between 1997 and 2000, from 15,311 to 28,102 pupils, and the number of girls in schools increased by 180 per cent, from 4,269 to 11,959, reducing the gap between girls and boys from 44 to 14 points. The participation of women in parents' committees has been a particularly important development in increasing the school enrolment of girls. The preparation and implementation of activity plans in individual schools have encouraged significantly closer ties between parents and teachers and greater collaboration between schools and communities.

11. The programme for monitoring the situation of women and children has placed special emphasis on the training of various partners — lawyers, social workers, communicators and members of voluntary organizations — by increasing their knowledge of children's rights in order to enhance their professional practice, and has supported the implementation of MICS2. The results obtained offer a strategic starting point by providing data disaggregated by sex and by administrative unit.

Lessons learned from previous programme cooperation

12. The lessons learned from programme cooperation in the past are essentially the same as those described in the country note. Mention should be made of the experience obtained through activities carried out as part of the campaign against HIV/AIDS, especially the partnership with PSI, which strengthens the network of local capacities and so places the AIDS campaign initiatives supported by UNICEF in a strategic position within the new cooperation programme.

13. MICS2 has strengthened the capacity of UNICEF personnel and the personnel of its partners (the Government, NGOs, United Nations agencies and civil society) to measure the progress achieved by the country on the indicators for the well-being of children and women. When the results are broken down, the disparities become evident and policies and activities intended to benefit the most disadvantaged children and women can be targeted more effectively.

Recommended programme of cooperation, 2002-2006

General resources: 8,131,000 dollars

Other resources: 4,000,000 dollars

Recommended programme of cooperation[a]

(In thousands of United States dollars)

	General resources	*Other resources*	*Total*
Health and nutrition	2 980	1 700	4 680
Basic education, especially for girls	1 750	1 300	3 050
Community capacity-building	1 800	800	2 600
Communication, monitoring and evaluation	851	200	1 051
Cross-sectoral costs	750	-	750
Total	**8 131**	**4 000**	**12 131**

[a] A breakdown of planned yearly expenditures is shown in table 3.

The process of preparing the country programme

14. The programming process began in July 1999 with the mid-term review, and continued from June 2000 with a series of short workshops on the policies and procedures involved in UNICEF programming. These workshops were attended by representatives of various ministries, non-governmental organizations and United Nations agencies. The preparation of the documents was based on Togo's development action programme, which focuses on poverty eradication (2001-2010), the Common Country Assessment, UNDAF, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, ILO Conventions Nos. 138 and 182, regional and gender disparities, and the quest for increasing complementarity with the other donors and with sister agencies. The process was coordinated by the Ministry of Planning and Development, in conjunction with other development partners.

15. The programme of cooperation 2002-2006 has taken environmental protection concerns into account in three ways: (a) communication aimed at changing behaviour patterns within communities will be based on information obtained about biodiversity, with a view to inculcating better environmental habits, such as combating brush fires and maintaining latrines, water points and housing; (b) in the process of participatory microplanning by special groups for assessment/analysis, special attention will be paid to environmental problems, so that they become a cross-sectoral activity within village plans of action, thus enhancing the ability of the community and the technical partners to deal with problems relating to the environment through the village development committees; and (c) the technical options chosen to implement the activities will also respect the environment. These options include the burning of medical waste, the construction of Sam-plat latrines, composting and manure storage pits for natural soil fertilization.

Aims and objectives of the country programme

16. The aim of the programme of cooperation 2002-2006 is to contribute to the achievement of the national objectives relating to the eradication of poverty, the improvement of the living conditions of children and women in Togo, and the realization of their rights. The objectives of the programme are: (a) to support the implementation of provisions relating to the promotion and realization of the rights of children and women; (b) to contribute to the reduction in infant, infant and child and maternal mortality rates, and to strengthen the prevention of HIV/AIDS in general, and, in particular, among young people and adolescents as well as mother-child transmission; (c) to enhance basic education by improving school enrolment and completion rates and by promoting the integrated development of the young child, as well as parental education; (d) to strengthen the involvement of communities, in particular families, women and children, in decision-making and action; and (e) to provide support for the various components of the programme with a view to bringing about behaviour modification among approximately 20 per cent of the population in the zone of intervention, conducive to the promotion and implementation of the provisions relating to the rights of children and women (the two Conventions), as a priority within the zones of intervention of the country programme.

17. The new programme, like the preceding one, will have a national dimension, with a focus on three regions (Savanes, Kara and Maritime). Some of the programme activities, such as the Expanded Programme on Immunization (EPI), the promotion of children's and women's rights, the monitoring of the recommendations of the Education for All (EFA) Forum, the development of an early childhood policy, and multisectoral mobilization in the campaign against HIV/AIDS, will be conducted at the national level.

18. The three regions in which the programme will be implemented, covering eight prefectures, including the Golfe prefecture, with a total estimated population of 2,156,000 inhabitants, have unfavourable social indicators. A considerable proportion of the population lives below the poverty threshold. The rates of school enrolment among girls and of access to health centres are lower than the national average, while the rate of malnutrition is higher, both indicators are also worse than those for other regions. The inclusion of the Golfe prefecture is justified by the increasing number of children in need of special protection measures and by the rural exodus of children, especially girls. In addition to national activities, the principal activities in the three regions are the Bamako Initiative, the reduction of infant and maternal mortality rates, the promotion of school enrolment of girls, early childhood measures, health, nutrition, drinking water and sanitation.

19. The successful implementation of the programme depends on socio-political and economic stability and on the political will of the decision makers. If the resumed cooperation of the Togolese Government with the Bretton Woods institutions and the donors is placed on a regular footing, it would facilitate access to other resources and would strengthen the partnership.

Links with national and international priorities

20. The objectives and strategies of the 2002-2006 programme are justified by the concerns expressed in UNDAF and by the analysis of the situation. UNDAF is in line with the Government's anti-poverty campaign. The programme supported by UNICEF is positioned within the partnership for the campaign against AIDS, which is conducted in collaboration with the national campaign against AIDS, the secretariat of the Joint United Nations Programme on HIV/AIDS, WHO, the United Nations Population Fund (UNFPA), the World Bank, the French Cooperation Service and the other donors. The Global Alliance for Vaccines and Immunization (GAVI) has been launched, and UNICEF is providing the secretariat. The external review of EPI has taken place and an inter-agency coordination committee is managing the development of a multi-year strategic plan. The Roll Back Malaria initiative will strengthen the campaign against malaria. As part of the follow-up to the recommendations of the Dakar World EFA Forum, the Government is engaged in the preparation and implementation of a national EFA action plan. Finally, UNICEF will support the International Programme for the Elimination of Child Labour, in collaboration with ILO/the International Labour Office and non-governmental organizations.

21. The new programme will give priority to supporting the Government with a view to the acceleration of the establishment and extension throughout the national territory of the institutions responsible for monitoring and ensuring respect for the rights of the child, including the children's courts, the national Committee for the

support and protection of children, the regional committees responsible for monitoring the implementation of the Convention on the Rights of the Child, and the Children's Parliament. It will also contribute to the preparation and implementation of a national plan of action for children, focusing in particular on the child's right to free expression and to participation in all stages of the development process. This new policy will highlight the provision of services for vulnerable children and those suffering from social exclusion (AIDS orphans, disabled children and victims of trafficking in children), with a view to reintegrating them into society. Another aim of the programme will be to promote a culture of human rights, through advocacy and social mobilization among decision makers and communities themselves, in order to bring about changes in behaviour patterns.

Programme strategy

22. In addition to the strategies described in the country note, two further strategies will also be implemented: advocacy among decision makers at all levels to bring about the measures needed to promote the realization and protection of, and respect for, the rights of children and women; and partnership with United Nations agencies, NGOs, donors, civil society and communities, in order to avoid duplication and ensure better coordination and the maximum mobilization of resources.

23. **Health and nutrition**. This programme will, between 2002 and 2006, help to reduce the infant mortality rate from 80 to 65 per 1,000 live births and the infant and child mortality rate from 146 to 120 per 1,000; the maternal mortality rate from 478 to 378 per 100,000 live births; the malnutrition rate among children from 25 per cent to 20 per cent; and the incidence of mother-child transmission of the HIV virus and of transmission of the virus among young people and adolescents. The programme covers the entire national territory, with the exception of some activities related to the campaign against HIV/AIDS, nutrition and growth promotion monitoring, which will be concentrated in the three regions of Savanes, Kara and Maritime. The programme will be implemented through three complementary projects.

24. The objectives of the first project, entitled integrated health system, are: (a) to help to reduce the impact of common illnesses: malaria (the Roll Back Malaria initiative), diarrhoea, acute respiratory infections and vaccine-preventable diseases (GAVI) and infections that are preventable by the adoption of a healthy lifestyle; (b) to improve the coverage of high-quality prenatal, obstetrical and neonatal care in four district hospitals in the three regions; and (c) to strengthen the implementation of the decentralization of the health system, particularly the state/community partnership approach. The project will focus on advocacy for resource mobilization; capacity-building and the supervision of caregivers/managers; the provision of vaccines, essential generic drugs and other supplies; and community involvement in the management and effective utilization of the health services.

25. The second project, nutrition, will provide appropriate care for young children and mothers. The activities will involve the provision of iron/folic acid, multi-micronutrients and vitamin A; the promotion of breastfeeding; and the establishment of growth promotion monitoring in villages. Lastly, the HIV/AIDS project will help to reduce: (a) the transmission of infection among young people and adolescents through a reduction in the rate of early sexual relations from 19 per cent (1998) to

10 per cent (2006) in the zones of intervention; and (b) the risk of mother-child transmission of HIV/AIDS by providing 80 per cent of pregnant women attending prenatal consultations with access to the programme on the prevention of mother-child transmission in the zones of intervention. The AIDS project will focus on developing an intersectoral response at village level (capacity-building) within a health district. It will establish, through the communication programme, a positive and supportive environment for people living with HIV. In addition, it will address the needs of young people and mothers through the establishment of a testing and counselling service, the availability of anti-retroviral drugs to reduce mother-child transmission of HIV, and psychosocial and medical support for those infected. A special monitoring and evaluation effort will be made in order, on the one hand, to learn through action and, on the other, to share the lessons learned with partners for subsequent extension of the programme to other districts.

26. **Basic education, in particular for girls**. This programme will contribute to the introduction of universal high-quality basic education by focusing particularly on the school enrolment of girls, health education for the prevention of HIV/AIDS, and the protection of young children. The programme will be implemented as a matter of priority in 200 new villages during the period 2002-2006 in eight prefectures of the Savannes, Kara and Maritime regions, while assistance will be given to 135 old villages under the 1997-2001 programme. The programme will, however, have national scope in certain respects, for example in the follow-up to the recommendations of the World Education for All Forum and the implementation of a policy for the supervision of young children. The programme will be implemented through two complementary projects.

27. The project on school enrolment and attendance of girls will help: (a) to improve the net enrolment rate in the primary cycle by increasing it from 15 to 24 points above the baseline rate, while reducing by half the disparity between boys and girls in the zone of intervention; (b) to improve the quality of teaching and reduce the repeat rate from 29 per cent to 20 per cent in the primary cycle; and (c) to strengthen the sex education and learning-for-life programme in schools. The project activities will focus on the mobilization and empowerment of the target communities through parental committees; support for the installation of school canteens and sanitary facilities (latrines, water points) and targeted financial and material assistance; support for the development and implementation of a policy integrating non-formal approaches to school enrolment; capacity-building for teachers and trainers; and the provision of teaching materials. The project will support the implementation of the national action plan on education for all (EFA).

28. The supervision of young children project will help: (a) to increase from 8 per cent to 20 per cent the supervision of young children in an environment conducive to their full development in the zone of intervention; and (b) to improve parents' awareness and knowledge of the importance of protecting and supervising young children. The supervision of young children is seen as a starting point for the definition and implementation of a national policy to provide for the needs of young children through a holistic approach. A survey will be conducted of traditional practices for the care of young children in order to identify the local starting point of the action plan. The project will strengthen community-based alternative initiatives and centres for the advancement of young children, and will provide significant support for the launching of village child-care facilities and market crèches.

29. **Community capacity-building**. This programme is designed to strengthen the involvement of communities, in particular families, women and young people, in decision-making and action in 600 villages (400 old and 200 new villages). The 400 villages involved in the 1997-2001 programme will receive support in terms of monitoring, with special assistance to 100 villages which have not yet implemented their village plans of action. In the case of the 200 new villages, the programme will help to provide basic social services. The programme comprises two projects.

30. The microplanning project has two objectives: to increase the participation of families, women and young people in decision-making and in action at all levels; and to reinforce the process of participation and decision-making, as well as arrangements for the support of the activities of the village plans of action under the 1997-2001 programme. The activities will consist mainly in strengthening the capacity of communities to devise and manage their village plans of action, through the optimal operation of the various planning management and monitoring bodies from the village level to the national level, including the prefectorial and regional levels.

31. The objectives of the basic services project are to help to improve the home environment and increase access to high-quality essential services in nine prefectures in the three regions concerned which have made known their needs in village plans of action, and to address problems related to the protection of children and to HIV/AIDS in villages. These objectives will be attained through support for access to microcredit; for productive activities; for labour-saving activities; for access to drinking water (above all in dracunculiasis areas); and for sanitation, health and basic education services, as well as for literacy education, in particular for women and young people. The supervision of young children will focus on community-based care, capacity-building (parents, communities) and the integration of health care and early childhood stimulation activities in community development. Communities will be motivated and informed concerning birth registration, child labour and trafficking in children. At the same time, a community system to assist the victims of HIV/AIDS will be set up in the villages.

32. **Communication, monitoring and evaluation**. This programme is intended to: influence the attitudes and behaviour of members of society that have an impact on the situation of children; assist in the creation and maintenance, particularly in the zones of intervention, of an environment and public opinion conducive to the mobilization of the resources and the actors necessary for the implementation of the programme; and help to ensure the availability and effective use of information on the situation of children and women. The programme comprises three projects. The objective of the communication for behaviour modification project is to bring about changes in behaviour with respect to the priority problems which have been identified concerning, in particular, young people, women of reproductive age and adults in general, in the 200 villages in the zone of intervention. The main activities will revolve around the facilitation of intracommunity dialogue, the training of community teams in the development, production and dissemination of communication material with emphasis on participatory approaches. The objective of the second project — advocacy and social mobilization — is: to support the development and implementation of a national plan of action to follow up on the recommendations of the special session on children; and to strengthen partnership with non-governmental institutions, United Nations agencies, professional associations (journalists, intellectuals, artists) or development associations, and

traditional and religious chiefdoms. At the level of activities, emphasis will be placed on advocacy directed towards the leaders of those institutions and associations, the management of special events and resource mobilization activities. Special attention will be paid to the establishment and strengthening of structures for the protection of the rights of children and women. The third project — monitoring and evaluation of the situation of children and women — will help to strengthen mechanisms for the collection, analysis and the dissemination of data on children and women in order to improve evaluation and decision-making for the benefit of the target group. These objectives will be attained, in particular, through the strengthening of the operational capacities of the centre for the monitoring of the situation of children and women, training and the provision of equipment, and collaboration with sectoral data-collection systems, with a view to the harmonization of indicators. The project will also support various types of research on children and women, with particular emphasis on the analysis of the situation of children and women in Togo in 2003, and on the population census in 2005.

33. **Cross-sectoral costs** will cover expenses relating to intersectoral personnel, administrative expenses, financial and logistical support for periodicals and the provision of office equipment and supplies.

Monitoring and evaluation

34. The integrated monitoring and evaluation plan will provide a means of measuring the extent to which the programme objectives have been attained. The status of the country programme, including the monitoring of finance and supplies, will be verified on a quarterly basis at all levels through joint monitoring activities in the field and meetings with the Government and partners. As soon as the new programme is launched in 2002, guidelines will be disseminated and training activities arranged to strengthen the capacity for monitoring the programme and project indicators at the national, regional, prefectorial and community levels. A database containing the main impact indicators, the various mortality rates, immunization coverage, the number of cases of poliomyelitis, the malnutrition rate, the proportion of households consuming iodized salt, the school enrolment rates (in particular for girls), the school attendance rates for girls, mother-child transmission of HIV/AIDS (monitored on the basis of the actual number of women agreeing to be tested and to follow the required procedure in the event of a positive test), and the birth registration rates, will be regularly updated using the MICS2 database. By making it possible quickly to establish a profile of cantons, communes and villages in the zones of intervention, this database will significantly facilitate community monitoring. At the level of the central Government, the programme will be the subject of five annual reviews of the annual plans of action, a mid-term review in 2004 and thematic evaluations as provided for in the integrated monitoring and evaluation plan, MICS in 2005 and a final evaluation of the programme of cooperation in 2006.

Collaboration with other partners

35. UNICEF will continue its collaboration with certain NGOs and United Nations agencies in the implementation of activities in the field. For example, with the NGO Aide et action, collaboration will involve methodological and strategic innovations

in the management of school canteens and village child-care facilities. The France-UNICEF initiative, conducted together with the French Cooperation Service, will continue with a view to the elimination of sex discrimination in school. The World Association for Orphans and Abandoned Children (WAO/Africa) will collaborate in the field of child protection and trafficking in children. The NGO Population Services International (PSI) will strengthen its social marketing services for the promotion of oral rehydration salts. Lastly, the contribution of WHO will consist in the main in the operationalization of health districts, financial support for the training of staff in the correct treatment of cases of malaria, and support in terms of essential drugs to strengthen the revolving fund of outlying health-care units. The International Fund for Agricultural Development will be requested to support income-generating activities by women's groups in the Savanes region. Collaboration with the United Nations Capital Development Fund will involve the rehabilitation and construction of schools, drilling and rural roads. The programme will collaborate with the United Nations Population Fund (UNFPA) in the field of reproductive health in the Maritime and Savanes regions, and with the World Bank to provide human resources and to restructure the health sector, as well as to ensure basic social infrastructure through the pilot project of the Social Fund. Finally, the health management committees will be supervised by the Association in Support of Community Health Activities in the Savanes region.

36. Given the specific context of the country and in order to be able to accommodate any future changes in the socio-political situation, the United Nations system, through UNDAF, is currently preparing an emergency plan comprising several alternatives.

Programme management

37. The country programme 2002-2006 is based on the strengthening of intersectoral collaboration and coordination at the local level. Intersectoral collaboration will be ensured through the community capacity-building programme, which will serve as a basis for the activities of the sectoral projects.

38. The Ministry of Planning, Land Development, Housing and Town Planning is responsible for the coordination of the programme as a whole. The body carrying out that task is the pilot committee which has an overall coordination role.

39. At the regional level, all Ministries are represented through the regional directorates. A regional planning committee will carry out monitoring and will provide support to activities conducted at the prefectorial level.

40. At the prefectorial level, there are technical services responsible to the regional directorates. A local planning committee restricted to representatives of institutions involved in project implementation and representatives of beneficiaries (technical services, NGOs, community representatives, and so forth), coordinates and monitors activities conducted at the village level by the implementing agencies.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Togo	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	142	(2000)	Very High U5MR
Infant mortality rate	80	(2000)	High IMR
GNP per capita	$ 310	(1999)	Low Income
Total population	4.5 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	94	118	148	178
Infant deaths (under 1)	(thousands)	12	13	13	14
Under-five deaths	(thousands)	20	21	22	25
Under-five mortality rate (per 1,000 live births)		216	175	152	142
Infant mortality rate (under 1) (per 1,000 live births)		128	106	88	80

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1988/1998)	Moderate & severe	24**	25*
	Severe	6**	7*
Babies with low birth weight (%, 1985)		20	..
Primary school children reaching grade 5 (%, 1990/1997)		49	60

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1988/1998)	10	15
Timely complementary feeding rate (6-9 mos.)(%, 1988/1998)	86	92****
Continued breast-feeding rate (20-23 mos.) (%, 1988/1998)	68	78
Prevalence of wasting (0-59 mos.) (%, 1988, 1998)	5**	12*
Prevalence of stunting (0-59 mos.) (%, 1988, 1998)	30**	22*
Vitamin A supplementation coverage(mons.)(%, 1999)	..	100***
Household consuming iodized salt (%, 1994/1998)	0.0	73

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1998)		..	23
Routine EPI vaccines financed by government (%, 1999)		..	0
Use of improved drinking water sources (% of population, 1990/2000)	Total	51	54
	Urban/rural	82/38	85/38
Use of improved sanitation facilities (% of population, 1990/2000)	Total	37	34
	Urban/rural	71/24	69/17
Births attended by trained personnel (%, 1988/1998)		31	51
Maternal mortality rate (per 100,000 live births, 1998)		..	480

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	44	54	97	89	76
	DPT	9	24	77	58	41
	Polio	9	23	76	59	47
	Measles	..	27	73	53	43
Pregnant women (%) immunized against:	Tetanus	0	26	81	67	47

* Aged 0-35 months
** Aged 0-36 months
*** Age group NS
**** Aged 7-9 months.

TABLE 1 (continued)

Togo

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1990/1997,1990/1998)	Total	109/ 66	103/ 69
	Male	132/ 78	126/ 74
	Female	86/ 54	89/ 64
Secondary enrolment ratio (gross/net) (%, 1990/1996)	Total	24/ 18	27/ ..
	Male	35/ 26	40/ ..
	Female	12/ 10	14/ ..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	44	57
	Male/female	61 /29	72/ 43
Radio/television sets (per 1,000 population, 1990/1997)		211/ 6	219/ 17

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	2014	2519	3453	4388	4527
Population aged 0-18 years	(thousands)	1032	1312	1802	2245	2310
Population aged 0-5 years	(thousands)	370	473	618	748	767
Urban population (% of total)		13.2	23.8	28.9	33.8	34.0
Life expectancy at birth (years)	Total	44	49	52	52	52
	Male	43	48	50	50	51
	Female	46	51	54	53	53
Total fertility rate		7.1	6.9	6.3	5.7	5.6
Crude birth rate (per 1,000 population)		47	47	43	40	39
Crude death rate (per 1,000 population)		20	17	14	14	14

		About 1990	Most recent
Contraceptive prevalence rate (%, 1988/1998)		12	24
Population annual growth rate (%, 1970-90/1990-99)	Total	2.8	2.8
	Urban	6.6	4.4

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-98)		-1.7	-0.6
Inflation rate (%, 1980-89/1990-98)		5	9
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure, 1987)	Health/education	5/20	../..
	Defense	11	...
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	205	128
	As % of GNP	14	9
Debt service (% of goods and services exports, 1990/1998)		10	4

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: TOGO
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 5,019,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources		Other resources		Total (RR & OR)	
	RR	OR	RR	OR	RR	OR	RR	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health/water	399	1,054	49	26	218	18	786	489	1,452	1,982	1,587	2,280	3,039	4,262
Basic education for girls	50	12	32	49	182	131	460	470	724	929	662	1,370	1,386	2,299
Community capacity-building	132	0	30	0	309	0	378	0	849	1,210	0	1,104	849	2,314
Monitoring the situation of women & children	69	0	3	0	0	0	221	0	293	458	0	246	293	704
Programme support	37	0	0	0	287	0	256	95	580	440	95	0	675	440
GRAND TOTAL	687	1,066	114	75	996	149	2,101	1,054	3,898	5,019	2,344	5,000	6,242	10,019

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: TOGO
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH AND NUTRITION	RR	585,440	598,640	598,640	598,640	598,640	2,980,000
	OR	340,000	340,000	340,000	340,000	340,000	1,700,000
	TOTAL	925,440	938,640	938,640	938,640	938,640	4,680,000
BASIC EDUCATION, GIRLS	RR	342,960	351,760	351,760	351,760	351,760	1,750,000
	OR	260,000	260,000	260,000	260,000	260,000	1,300,000
	TOTAL	602,960	611,760	611,760	611,760	611,760	3,050,000
COMMUNITY CAPACITY-BUILDING	RR	352,960	361,760	361,760	361,760	361,760	1,800,000
	OR	160,000	160,000	160,000	160,000	160,000	800,000
	TOTAL	512,960	521,760	521,760	521,760	521,760	2,600,000
COMMUNICATION, MONITORING, EVALUATION	RR	164,920	171,520	171,520	171,520	171,520	851,000
	OR			50,000	100,000	50,000	200,000
	TOTAL	164,920	171,520	221,520	271,520	221,520	1,051,000
CROSS-SECTORAL COSTS	RR	144,720	151,320	151,320	151,320	151,320	750,000
	OR						
	TOTAL	144,720	151,320	151,320	151,320	151,320	750,000
TOTAL, PROGRAMME BUDGET	RR	1,591,000	1,635,000	1,635,000	1,635,000	1,635,000	8,131,000
	OR	760,000	760,000	810,000	860,000	810,000	4,000,000
	TOTAL	2,351,000	2,395,000	2,445,000	2,495,000	2,445,000	12,131,000
STAFF COSTS a/		575,590	601,914	628,397	656,593	684,431	3,146,925
GENERAL OPERATING COSTS		234,552	231,849	255,700	228,500	264,452	1,215,053
TOTAL, ESTIMATE SUPPORT BUDGET		810,142	833,763	884,097	885,093	948,883	4,361,978
GRAND TOTAL		3,161,142	3,228,763	3,329,097	3,380,093	3,393,883	16,492,978

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : TOGO
PROGRAMME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	2,980,000		2,980,000	0	0	0	0	0	0	0	2	2	4	0	450,525	450,525
BASIC EDUCATION GIRLS	1,750,000		1,750,000	0	0	0	0	1	0	1	0	1	2	624,071	64,926	688,997
COMMUNITY CAPACITY-BUILDING	1,800,000		1,800,000	0	0	0	0	0	0	0	2	0	2	0	324,517	324,517
COMMUNIC. MONITORING, EVALUATION	851,000		851,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	750,000		750,000	0	0	0	0	0	0	0	1	5	6	0	408,512	408,512
TOTAL RR	8,131,000		8,131,000	0	0	0	0	1	0	1	5	8	14	624,071	1,248,480	1,872,551
OTHER RESOURCES :																
HEALTH AND NUTRITION		1,700,000	1,700,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION GIRLS		1,300,000	1,300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNITY CAPACITY-BUILDING		800,000	800,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNIC. MONITORING, EVALUATION		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		4,000,000	4,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR & OR	8,131,000	4,000,000	12,131,000	0	0	0	0	1	0	1	5	8	14	624,071	1,248,480	1,872,551
SUPPORT BUDGET	Operating costs		1,215,053													
	Staffing			0	0	1	1	1	0	3	3	5	11	2,343,960	802,965	3,146,925
GRAND TOTAL (RR + OR + SB)				0	0	1	1	2	0	4	8	13	25	2,968,031	2,051,445	5,019,476
Number of posts and staff costs:																
Current programme cycle										4	5	14	23			
At the end of proposed programme cycle (indicative only)										4	8	13	25	2,968,031	2,051,445	5,019,476

RR = regular resources.
OR = other resources.
IP = International Professional
NP = national Professional
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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